

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16200

State File No.

Registrar's No. 4702

Registration District No. 316

Primary Registration District No. 1033

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution: 5909a Coronado Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nettie Hensiek

3. (b) If veteran, name war -- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William H. Hensiek 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased September 18, 1882 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 8 1 hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name Henry C. Amelung  
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Laura Grimler  
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant William H. Hensiek  
(b) Address 5909a Coronado

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 22 43 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. F. Budick  
(b) Address 3634 Gravois Ave.

19. (a) MAY 21 1943 (Date received local registration) J. F. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, Missouri  
(c) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL")  
(d) Street No. 5909a Coronado Ave. (If rural, give location)  
(e) Citizen of foreign country? -- (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1943 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 4th, 1943 to May 19th, 1943 that I last saw her alive on May 19th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Duration  
Cerebral Hemorrhage 3 mos  
Arterio Sclerosis 2 yrs  
Chronic Arteriosclerotic Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature J. F. Budick (M. D. or other) Address 3634 Gravois Ave. Date signed 5/20/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**